THE RELATIONSHIP BETWEEN ATTACHMENT STYLES, PSYCHOLOGICAL DISORDERS, AND MENTALIZATION CAPACITY

RELAȚIA DINTRE STILURILE DE ATAȘAMENTE, TULBURĂRI PSIHOLOGICE ȘI CAPACITATEA DE MENTALIZARE

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Ștefan POPOV
drd, Școala doctorală Științe Sociale, Universitatea de Stat din Moldova,
psiholog, Asociația Obștească, „Centrul de Cercetări Științifice în Psihologie”
https://orcid.org/0000-0001-9559-8591

Abstract

Attachment theory is widely regarded as one of the most significant advancements in psychology. Originally focused on early childhood development, it has expanded to offer insights into a broad spectrum of psychological disorders in adulthood. Additionally, some scholars propose that attachment theory could serve as a unifying framework in psychotherapy. If psychological disorders stem from attachment disturbances, then therapeutic interventions should theoretically impact attachment styles. However, there remains ongoing debate regarding whether attachment styles remain fixed throughout life or can adapt in response to environmental factors or psychotherapy. This theoretical study seeks to provide greater clarity on the malleability of attachment styles, the association between attachment and psychological disorders, and the examination of mentalizationa central concept in the genesis of psychological disorders. Mentalization is not only seen as a core feature of attachment styles but also as a key process in psychotherapy.

Keywords: attachment theory, internal working models, psychopathology, mentalization, mentalization-based therapy

Rezumat

Teoria atașamentului este considerată pe scară largă drept una dintre cele mai revoluționare în psihologie. Axat inițial pe dezvoltarea copilăriei timpurii, s-a extins pentru a oferi perspective asupra unui spectru larg de tulburări psihologice la vârsta adultă. În plus, unii cercetători propun că teoria atașamentului ar putea servi cadru unificator în psihoterapie. Dacă tulburările psihologice provin din tulburări de atașament, atunci intervențiile terapeutice ar trebui să aibă un impact teoretic asupra stilurilor de atașament. Cu toate acestea, există o dezbatere continuă cu privire la faptul dacă stilurile de atașament rămân fixe pe tot parcursul vieții sau se pot adapta ca răspuns la factorii de mediu sau la psihoterapie.

Acest studio teoretic încearcă să ofere o mai mare claritate cu privire la maleabilitatea stilurilor de atașament, asocierea dintre atașament și tulburările psihologice și examinarea mentalizării, un concept central în geneza tulburărilor psihologice. Mentalizarea nu este văzută doar ca o caracteristică de bază a stilurilor de atașament, ci și ca un proces cheie în psihoterapie.

Cuvinte-cheie: teoria atașamentului, modele de lucru interne, psihopatologie, mentalizare, terapie bazată pe mentalizare.

Introduction. Attachment theory is considered today one of the most significant achievements in the field of psychology. It has evolved from a focus on early childhood development to explanations for a wide range of psychological disorders in adulthood. Moreover, Magnavita and Anchin have suggested that attachment theory should be a unifying approach to psychotherapy [43]. Attachment disorders are expected to be a significant factor in the development of psychological disorders, given that we are primarily a social, relational species that forms bonds. Certain difficulties in establishing secure connections can cause stress and emotional instability. Undoubtedly, secure attachment has been closely correlated with almost every positive indicator of mental health. These indicators include resilience to stress, self-esteem, affect regulation, tolerance for ambiguity, assertiveness, curiosity, metacognition, and a fundamental ability that will be analyzed later in mentalization. Naturally, we consider that a shift from insecure attachment styles to a secure one would foster more resilience and affect the regulation capacity to prevent psychological disorders. If psychological disorders are rooted in attachment disturbances, then psychotherapeutic intervention should also impact attachment style. However, there is not yet a broad consensus on whether attachment styles can be changed or are stable and resistant even to psychotherapy.

The purpose of this article is to shed more light on the flexibility of attachment styles, the relationship between attachment and psychological disorders and the analysis of the mentalization concept, which is presumed to be a central factor in the etiology of psychological disorders, a fundamental characteristic of attachment styles, and a psychotherapeutic process. But first, it is necessary to explain the central concept in attachment theory, namely „internal working models" a concept also involved in mentalizing abilities.

Scientific literature analysis.

Internal working models. The internal working model (IWM) is a central concept in attachment theory and is highlighted in multiple research areas. Initially, psychologist Kenneth Craik (1943) proposed the concept of a mental model as a small-scale internal representation of the external world, used to anticipate events, playing a major role in cognition, reasoning, and decision-making [23]. Such mental models would be similar to the models used by architects, the diagrams of physicists, or maps reflecting landscape configurations. This concept influenced Jean Piaget's cognitive development theory, which suggested that cognitive

development in children is not just about acquiring knowledge but also constructing a mental model of the surrounding world [36]. When John Bowlby was developing attachment theory, he realized that it is difficult to understand human behavior without introspective knowledge of our mental processes [5]. In this regard, he drew inspiration from Piaget's cognitive development theory to frame the concept of mental models within attachment theory, naming them internal working models. In line with Piaget's ideas, Bowlby hypothesized that, during early childhood, working models are available only in the context of short-term recognition and anticipation. Later, as memory improves, these can be engaged for the deliberate elaboration of plans and to mentally test alternative actions [10]. For a long time, the internal working model was considered more of a metaphor, but neuroimaging research has even managed to map these models at the neurophysiological level [40, 9].

Bowlby sees the model as a general construction that functions as a „representation system that allows us to imagine interactions with others, based on our previous experiences" [8]. Each individual constructs working models about the world and about themselves in relation to the world, with the help of which they perceive events, forecast the future, and build their plans. Within the working models about the world, which every child constructs, a key feature is the notion of who the attachment figures are, where they can be found, and how they might respond in risky situations. Similarly, in a working model of the self, everyone constructs an image of how acceptable or unacceptable they are in the eyes of attachment figures [39].

The main assumption of attachment theory is that people form close emotional bonds in the interest of survival. These bonds facilitate the development and maintenance of mental representations of self and others, which help individuals predict and understand their environment, engage in survival-promoting behaviors such as maintaining proximity, and establish a psychological sense of „felt" security. Attachment involves two different types of brain components: affective and cognitive. The IWMs can be considered the cognitive component of attachment that captures information about interactions between the individual and the attachment figure. However, it is practically impossible to separate cognitive and emotional elements [49].

Much of the research on these models is based on the fact that, from the first year of life, children whose needs are met adequately and consistently develop a „secure base script", which provides a causal-temporal prototype of how attachment relationships typically unfold (for example, „When I am hurt, I go to my mother and receive comfort"). According to Bretherton [39], secure base scripts are the „building blocks" of IWMs. Theoretically, secure scripts for children and adults should allow them to create attachment-related models where a person successfully uses an attachment figure as a secure base from which to explore, and also a safe haven in times of need or danger. People with insecure attachments exhibit gaps, distortions, or even the absence of such a script [47].

Once formed and through repeated use, working models largely operate outside of consciousness and are highly re-

sistant to change: new information is assimilated and distorted to fit existing schemas, instead of the internal models being revised in light of new information and experience [39], [21], [45]. As the internal working model contains two underlying dimensions: representation of self and representation of others (as positive or negative), based on these two dimensions, Bartholomew and Horowitz identified four attachment styles, one secure and three insecure. These internal representations about self (positive or negative) and internal representations about others (positive or negative) can be combined to yield the four attachment styles: secure attachment (positive self, positive other), avoidant attachment (positive self, negative other), disorganized attachment (negative self, negative other), and anxious attachment (negative self, positive other) [1].

The relationship between attachment styles and psychological disorders. The robust association between insecure attachment and psychopathology has led to an overly negative perception of insecure attachment, creating the impression that insecure attachment is a symptom of psychopathology. However, this is not the case. Bowlby himself argued that insecure attachment is an adaptive response to a suboptimal caregiving environment; in other words, the insecurely attached child is a healthy individual in a complex world. The effect size of the attachment-psychopathology association is modest, suggesting that a substantial number of individuals with insecure attachment do not develop psychopathology symptoms. Research estimates that about 40% of the population have insecure attachments, indicating a significantly larger number of individuals who are insecurely attached than those who develop psychopathology. However, among people seeking mental health care, 73% are insecurely attached [3]. Undoubtedly, attachment theory and neurobiology indicate that attachment plays a central role in mental health. Secure attachment serves as protection against life's adversities and shapes the accessibility of autobiographical memory, the ability for coherent thinking or problem-solving, and the ability to see experiences and thoughts in a new light, namely the capacity for metacognition and mentalization [32]. Attachment trauma experienced in childhood is particularly dangerous because it affects development, including the development of resilience which would support the capacity to cope with interpersonal traumas [30].

Several studies have found that insecure attachment is a predictor of the development of severe symptoms of post-traumatic stress disorder (PTSD) following potentially traumatic events, while secure attachment may protect against the development of PTSD [37, 17, 41]. An illustrative example is a study that examined the relationship between individual differences in adult attachment and psychological adjustment in a sample of survivors of the terrorist attacks on the World Trade Center on September 11, 2001. PTSD and depression symptoms were assessed through self-report questionnaires at 7 and 18 months after the attacks. Findings indicate that individuals with secure attachment exhibited fewer PTSD and depression symptoms than those with insecure attachment [20]. The presence of insecure attachment can be seen as a general vulnerability to mental disorders, for instance, insecure attachments have been associated with de-

pression [11], anxiety [4], obsessive-compulsive disorder [16], suicidal tendencies [22], eating disorders [27], personality disorders [15], [35], engaging in acts of violence and being victims of violence [38].

Overall, it appears that insecure attachment nonspecifically contributes to various types of psychological problems. However, certain forms of insecure attachment seem to make a person more susceptible to certain patterns of mental disorders. The relationship between attachment and psychopathology is moderately influenced by a variety of biological, psychological, and socio-cultural factors, and the mental disorders themselves can erode a person's sense of security in attachment.

Changing attachment styles. Bowlby viewed the transaction between an individual's internal working models and the caregiving environment as the central dynamic shaping the developmental pathway of the individual from childhood to adulthood. In Bowlby's view, the child's experiences with the caregiver are internalized into enduring mental images of self and others. These mental images form sets of expectations about the caregiver's availability, the likelihood of receiving support and comfort from the caregiver. A child with secure attachment develops positive internal working models of self and others, perceiving themselves as worthy, and others as caring and supportive. Conversely, if the caregiver frequently rejects the child's needs for comfort or exploration, the child is likely to become insecurely attached and construct internal working models of the self as unworthy or incompetent and others as hostile or unreliable. Confident expectations about caregiver availability tend to promote adaptive functioning, while negative or uncertain expectations tend to leave an individual vulnerable to subsequent difficulties. Bowlby [6], [7] argued that over time, internal working models would become more consistent and less changeable, given a stable and reinforcing environment.

However, these models allow for certain modifications. For instance, changes in the caregiving environment could alter these models in both positive and negative directions, with the models being constantly revised. Attachment disruptions in childhood, adolescence, or adulthood could have profound effects on changing an individual's trajectory in terms of relational difficulties and psychopathology [33].

Whether attachment style is stable throughout life or can be changed has often been a matter of debate, largely because there are few longitudinal studies to better clarify this issue, and the research that has been done has provided contradictory conclusions. We will review a series of studies and their outcomes regarding the stability of attachment over time to draw a conclusion at the current stage. Clarifying this issue would have a significant impact on psychotherapies aimed at changing attachment styles, as if it is found that attachment styles are rigid throughout life, then these psychotherapies would have less efficacy and rationale.

The longitudinal studies by Hamilton [25] and Waters [47] concluded that attachments are stable throughout life. In contrast, two other longitudinal studies by Lewis [33] and Weinfeld [48] found that attachment styles are constantly changing. Sudin's research [42] concludes that attachments are generally stable throughout life but can undergo changes due to stres-

sful life events. Cozzarelli and colleagues [14] state that a multitude of factors can significantly change attachment styles. A cross-sectional study by Chopik and colleagues [12] suggests that insecure attachment styles slightly shift toward secure attachment over a lifetime. In research by Hudson and colleagues [26], the aim was to determine if attachment style could be intentionally changed, and the findings indicate that this is possible. The largest-ever longitudinal study by Chopik and colleagues [13] shows that attachment styles are relatively stable but with minor changes over a lifetime, from insecure to secure attachment. A meta-analysis by Taylor [44], which includes 14 studies on changing attachment styles in various psychotherapeutic models, indicates that therapies can improve attachment style.

Although some research presents contradictory conclusions, we can observe in each study a certain variance in attachment styles, even where studies have identified a stability of 77%, the remaining 23% would be changes triggered by different factors. Therefore, we can assert without hesitation that there is a possibility for changes in attachment styles; specifically, we refer to a transition from insecure to secure attachments. The question is how and in what manner? Generally, there has been a consensus that the common factor of all psychotherapies regarding therapeutic efficacy is the therapeutic alliance, which is essential for the success of any treatment. However, more recently, Fonagy, Allen, and Bateman have taken a step back and asserted that the fundamental common factor is the capacity for mentalization of both the therapist and the client [28]. Interestingly, the concept of mentalization is rooted in attachment theory and is a capacity that depends on the attachment style. The authors suggest that all therapies are effective, and the healing effect is due to the development of the client's capacity for mentalization. However, a type of intervention specifically focused on developing mentalization, called mentalization-based therapy, has been created, which, as we will see, has an effect on changing attachment styles.

Mentalization-based therapy. With legitimate expectations regarding the possibility of changing attachment styles, we can identify the most rational trajectory for changing attachment. I believe this trajectory is the direct intervention on changing internal working models, that is, working on mental representations of self and others, moving from negative to positive models. This task is not simple. We expect that individuals with insecure attachments are more likely to adopt dysfunctional decisions and behaviors in social relationships, reinforcing their negative self-image and/or image of others. In this context, Alexandra Pârvan proposes the reflexive-experiential approach, inspired by the ontology of philosopher Augustine. For Augustine, this involves a distinction between what someone does (an action) and what they are (a substance) [38]. People typically have an intuitive and automatic tendency to identify their self with their behaviors, and this conflation of self and behavior supports harmful representations and interactions about self and others. This is expected, as internal working models are formed based on the caregiver's behavior towards us. If the caregiver treats me poorly, it implies that I am a bad and worthless child, or/and the

other is a bad person; if the other shows care towards me, then I am a worthy person. Thus, behaviors overlap with the self, which is natural and allows the child to make predictions, but these become stable patterns and can prevent the transition from negative to positive models. Distinguishing between behavior and self allows for the shift from negative self-models to more secure ones. Traumatic situations or repeated abuse are known to undermine the positive self, and using this distinction, trauma and abuse victims can have an important defense against the collapse of their internal and external sense of security and goodness. However, the ability to distinguish between self and behavior is part of a broader ability called mentalization. This specific ability has only started receiving more attention in the last two decades, with the capacity to mentalize being positively correlated with secure attachments and negatively correlated with a wide range of mental disorders.

The term mentalization was first used by Fonagy in 1989. Mentalization refers to the ability to understand behavior in relation to mental states such as thoughts and feelings, the ability to be aware of one's own mental states and those of others, the ability to think about one's own thinking, understanding misunderstandings, seeing oneself from an outside perspective and others from an inside perspective, and is part of self-awareness and essential for self-regulation [30]. Mentalization involves the ability to identify and differentiate one's own emotional state from that of others [2]. Given the generality of this definition, most mental disorders will inevitably involve some difficulties in mentalization. In fact, most mental disorders can be viewed as the mind misinterpreting its own experience about itself, thus, ultimately, a disorder of mentalization.

Initially, Uta Frith and John Morton conceptualized a deficit in mentalization as the central issue in autism. Later, Peter Fonagy and Mary Target expanded this approach to the psychopathology of trauma, especially borderline personality disorder. Currently, clinical applications of mentalization occur across a wide spectrum of disorders [30]. The construct of mentalization was founded in attachment theory and operationalized as reflective functioning [19]. An individual's mentalization capacities develop in early childhood, and their development depends on the quality of interactions with caregivers who regard the child as a being with mental states. From this perspective, a close, warm, and affectively attuned caregiver-infant relationship allows for the development of secure attachment and provides the ideal condition for optimal mentalization development. Conversely, failures in caregiver sensitivity and responsiveness to the child's need for protection and support can lead to insecure attachment and hinder the development of mentalization skills [18].

To enhance mentalization capacity, which would imply the development of more secure attachments and reduction of emotional disorders, Peter Fonagy and Anthony Bateman developed Mentalization-Based Treatment (MBT), an integrative form of psychotherapy combining elements of psychodynamic, cognitive-behavioral, systemic, and ecological approaches. MBT was specifically developed for individuals with borderline personality disorder, and generally for those with attachment disorders, who have not developed a robust capacity for mentalization. Since individuals with borderline

personality disorder are characterized by insecure attachment, improving mentalization helps them develop healthy internal representations and improve psychological well-being.

Mentalization-Based Treatment is a time-limited, structured intervention that promotes the development of mentalization. This therapy is an alternative to Dialectical Behavior Therapy (DBT), both being effective in treating borderline personality disorder and having similar roots in cognitive-behavioral therapy, but there are key differences between the two treatments. MBT is a straightforward, commonsensical approach with practical advantages over DBT. Practitioners using MBT require little formal training, whereas DBT demands training in skills and a curriculum with worksheets, weekly individual therapy, and a consultation team to support therapists [34].

Regarding therapeutic efficacy, multiple studies have shown promising results. The capacity for mentalization was a significant predictor of change in self-harm behavior and positive emotions [24], development of secure attachment [30], reduction of symptoms such as suicidal behavior [29], reduction of psychiatric symptoms of borderline personality disorder, and increased quality of life [46].

Conclusions.

By examining the specialized literature, we have observed a close relationship between attachment styles and psychological disorders. Secure attachment serves as a protective factor against stressful life events. This is largely due to positive models of self and others, meaning they have better self-esteem and a perception that people are supportive, which are extremely important resources when facing life's stressful events. Additionally, individuals with secure attachment have a better capacity for mentalization, which helps them understand their own behaviors and those of others, differentiate between others' emotions and their own, and distinguish between their own or others' behaviors and self-representation. Insecure attachments have been positively correlated with various psychological disorders (PTSD, anxiety, depression, suicidal tendencies, personality disorders, etc.), exhibiting negative models about self and/or others, leading to lower resilience in the face of stressful events and weaker mentalization capabilities. Furthermore, we found that although attachment styles are relatively stable throughout life, several factors can change the attachment style, including personal will and psychotherapy. Developing secure attachments would enhance stress resilience and improve affect regulation capacity. We noted that one way to develop secure attachments is through enhancing the mentalization capacity, which has proven effective in the case of borderline personality disorders, as well as generally on attachment styles.

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